

AUG. 10. 2006 1:04PM MOFO 28TH FL

NO. 365 P. 1

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FROM: Robert E. Scheid

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| Number of pages with cover page: | 6 | Originals Will Not Follow |
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Attorney Docket No.: 495812004800
Group Art Unit: 2611
Examiner: Not Yet Assigned
Application No.: 10/757,855
Filed: January 14, 2004
Title: SUPPLEMENTAL MEMORY HAVING MEDIA DIRECTORY
Inventor: Tod EARHART

Enclosed are the following documents:

1. Transmittal, 1 page
 2. Fee transmittal in duplicate, 2 pages
 3. Notice Of Change Of Status And Payment Of Deficiency Owed Under 37 CFR 1.28(c), 2 pages
- Comments:

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL
VICKI HENRY AT 415-268-6023 AS SOON AS POSSIBLE.

SF-2167344

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|---|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/757,855 |
| | | Filing Date | January 14, 2004 |
| | | First Named Inventor | Tod EARTHART |
| | | Art Unit | 2611 |
| | | Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 495812004800 |

ENCLOSURES (Check all that apply)

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate, 2 pgs. <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Notice of Change of Status and Payment of Deficiency Owed under 37 CFR §1.28(c), 2 pgs. |
| Remarks Facsimile cover sheet is the uncounted page in this transmission. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|--------------|-------------------------|----------------------|
| Firm Name | MORRISON & FOERSTER LLP | (Customer No. 20872) |
| Signature | | |
| Printed name | Robert E. Scheid | |
| Date | 8/4/06 | Reg. No. 42,126 |

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: 8-10-06

Signature:

(Vicki Henry)

sf-2155370

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PTO/SB/17 (01-06)

Approved for use through 7/31/2008. OMB 0851-0032
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| | | | |
|--|--|--------------------------|------------------|
| FEE TRANSMITTAL For FY 2006 | | Complete if Known | |
| | | Application Number | 10/757,855 |
| | | Filing Date | January 14, 2004 |
| | | First Named Inventor | Tod EARTHART |
| | | Examiner Name | Not Yet Assigned |
| | | Art Unit | 2611 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 495812004800 |
| TOTAL AMOUNT OF PAYMENT (\$) 1085.00 | | | |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Note <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|----------------------|----------------------------------|-------------------------|------------------------------|-----------------------|
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | Small Entity Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | Fee (\$) | Fee Paid (\$) |
| = | | x | = | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| = | | x | = | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| - 100 = | /50 | (round up to a whole number) x | = | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | Fees Paid (\$) | |
| Other (e.g., late filing surcharge): Deficiency payment - change of status | | | | | | 1085.00 | |

| | | | |
|---------------------|------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 42,128 |
| Name (Print/Type) | Robert E. Scheid | Telephone | (415) 268-6369 |
| | | Date | 8/09/06 |

| | |
|---|---------------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below. | |
| Dated: 8-10-06 | Signature: (Vicki Henry) |

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Dated: 8-10-06

Signature: Vicki Henry

(Vicki Henry)

Docket No.: 495812004800
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Tod EARHART

Application No.: 10/757,855

Filed: January 14, 2004

Art Unit: 2611

For: SUPPLEMENTAL MEMORY HAVING MEDIA
DIRECTORY

Examiner: Not Yet Assigned

NOTICE OF CHANGE OF STATUS AND PAYMENT OF DEFICIENCY
OWED UNDER 37 CFR 1.28(C)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

It has recently come to our attention that a good faith error appears to have been made regarding the entity status of the above-referenced application and that some fee payments appear to have been made in error claiming small entity discount.

As required under 37 C.F.R. §1.28(c), to correct these oversights and in order for the error in payments to be excused we hereby submit an itemization of all erroneous small entity payments and the differential fees, together with the deficiency payment.

Adjustment date: 08/11/2006 SLUANG1
01/20/2004 SSESHE1 00000006 031952 10757855
01 FC:2001 385.00 CR
02 FC:2202 135.00 CR

08/11/2006 SLUANG1 00000015 10757855
01 FC:1001 790.00 DA
03 FC:1202 750.00 DA
03 FC:1202 130.00 DA

Adjustment date: 08/11/2006 SLUANG1
06/14/2004 SZEWDIE1 00000028 031952 10757855
01 FC:2051 65.00 CR

sf-2150925

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8/11/2006
SSESHE1 00000015 031952 10757855
FC:1001 790.00 DA
FC:1202 750.00 DA
FC:1051 130.00 DA

AUG 10 2006

Application No.: 10/757,855

2

Docket No.: 495812004800

Itemization of all erroneous small entity payments and the differential fees:

| TYPE OF FEE | DATE PAID | SMALL ENTITY FEE PAID | CURRENT FEE AMOUNT | LARGE ENTITY DIFFERENTIAL FEE |
|---------------------------------|-----------|--|---------------------------------------|---|
| FILING FEE | 1/14/04 | \$385.00 | \$790.00 | \$405.00 |
| 15 EXTRA CLAIMS | 1/14/04 | \$135.00 | \$750.00 | \$615.00 |
| LATE OATH OR DECLARATION FEE | 6/9/04 | \$65.00 | \$130.00 | \$65.00 |
| TOTALS | | \$585.00 (TOTAL FEES PREVIOUSLY PAID) | \$1,670.00 (CURRENT FEE AMOUNT) | \$1085.00 (CORRECTED FEE AMOUNT TO BE CHARGED TO DEPOSIT ACCOUNT NO. 03-1952) |

Based upon the above, Applicant believes the differential between the small entity fees previously paid and the large entity fees now owing should total \$1085.00. Applicant requests this *differential fee* be paid from our Deposit Account No. 03-1952. Pursuant to 37 C.F.R. § 1.28(c), the calculated deficient "large entity fees" are based upon the amount of the fee in effect at the time the deficiency is paid in full.

In the event the Patent Office determines that an extension and/or other relief is required, Applicant petitions for any required relief including extensions of time and authorizes the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing docket no. 495812004800.

Dated: 8/4/06

Respectfully submitted,

By 

Robert E. Scheid

Registration No.: 42,126

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